

**TEACHERS COLLEGE, COLUMBIA UNIVERSITY
OFFICE OF THE REGISTRAR**

VETERANS BENEFITS: ENROLLMENT VERIFICATION REQUEST

Term: Autumn 20____ Spring 20____ Summer 20____

Name: _____

TC ID#: T_____

Social Security Number: _____ VA Claim Number _____
(if not SSN)

Mailing Address: _____

Please indicate the Education Assistance Program under which you are filing to receive benefits:

- _____ Chapter 30 Montgomery GI Bill – Active Duty
- _____ Chapter 31 Vocational Rehabilitation
- _____ Chapter 32 VEAP (Veterans Educational Assistance Program)
- _____ Chapter 35 Survivors/Dependents Benefits
- _____ Chapter 108 Montgomery GI Bill – Selected Reserve
- _____ Chapter 1606 REAP (Reserve Educational Assistance Program)
- _____ Chapter 33 Post 9/11 GI Bill

Percentage of Entitlement _____

Are you applying for Yellow Ribbon Benefits? _____

(You must be eligible for 100% entitlement to receive Yellow Ribbon benefits; Yellow Ribbon benefits are not applicable to Active Duty Service members)

All veterans entitled to Chapter 33 benefits must submit a copy of the statement of eligibility for benefits or a copy of the award letter as soon as possible.

You are responsible for all tuition and fees not covered by the VA.

Signature _____

Date _____

IMPORTANT NOTE: You must notify the Office of the Registrar of any changes in your registration. The Veterans Administration requires prompt notification of changes in status.